

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000069735

**FILED
Sep 29, 2015
Secretary of State
CC9311469030**

Entity Name: BCC NORTH RESIDENTIAL LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE
STE 600
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE
STE 600
MIAMI, FL 33131

FEI Number: 32-0436486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHU, LINDA
501 BRICKELL KEY DRIVE
STE 600
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LINDA CHU

09/29/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name BRADLEY, GUY
Address 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

Title PRESIDENT, ASST. SECRETARY
Name OWENS, STEPHEN L
Address 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name AGUILA, MAILE
Address 501 BRICKELL KEY DRIVE, SUITE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name GANDOLFO, CHRISTOPHER
Address 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

Title ASST. SECRETARY
Name MCMAN, BEVERLEY
Address 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name CHU, LINDA
Address 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

Title VP
Name CORTABARRIA, GONZALO
Address 501 BRICKELL KEY DRIVE
STE 600
City-State-Zip: MIAMI FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN L. OWENS

PRESIDENT

09/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date